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SPECIALTIES WITH PROCEDURES REQUIRING ADDITIONAL TRAINING

DERMATOLOGY

Procedures Requiring Additional Training:

- ☐ Complex repair of surgical defects, flaps and grafts;
- ☐ Mohs micrographic surgery;
- ☐ Liposuction.

Documentation of additional training specified below must be provided, for each of the following procedures, **if privileges are requested for these procedures:**

- . Complex repair of surgical defects, flaps and grafts;
- . Mohs micrographic surgery.

The additional training for the above procedures must be shown through

- (1) Documentary evidence of completion of a training program **accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor** documenting training; **OR**
- (2) Documentation from the program director of an accredited residency training program **accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor** attesting to the training during residency in the **requested** procedure(s):

PLUS (in addition to 1 or 2 above)

Documentation from a privileged physician who has directly observed the applicant attesting to the applicant's successful performance or participation in the **requested** procedure(s).

Documentation of additional surgical training specified below must be provided, for the following procedure, **if privileges are requested for this procedure.**

- . Liposuction

The additional surgical training for the above procedure must be shown through documentary evidence of the following:

- (1) Certification in a surgical specialty granted by the American Board of Medical Specialties ("ABMS") or the American Osteopathic Association ("AOA"); or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor; **OR**

- (2) Active participation in examination process leading to certification in a surgical specialty; **OR**
- (3) Successful completion of a residency training program in a surgical specialty accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor;

PLUS (in addition to 1, 2 or 3 above)

- (a) Inclusion, and successful completion, of liposuction training in the course of instruction in the above accredited surgical specialty training program; **OR**
- (b) Completion of a liposuction training course that is sponsored by an Accreditation Council for Continuing Medical Education (ACCME) or AOA accredited provider of Category I CME, including Category I providers accredited by their state medical societies through ACCME's state recognition program, and which provides at least three (3) hours of training in a bioskills cadaver laboratory and which also **meets the criteria for** a minimum of eight (8) hours of Category 1 **credit towards the Physician's Recognition Award of the American Medical Association or has been** approved by the American Osteopathic Association for a minimum of eight (8) credit hours of **Category 1** continuing medical education ("CME");

PLUS (in addition to (a) or (b) above)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure.

GENERAL SURGERY

Procedures Requiring Additional Training

- ☐ Colonoscopy - Diagnostic - with or without polypectomy
- ☐ Esophagogastroduodenoscopy

Documentation of additional training specified below must be provided for each of the following procedures, **if privileges are requested for these procedures:**

. Colonoscopy - Diagnostic - with or without polypectomy

. Esophagogastroduodenoscopy

Additional Training for the above procedure(s) must be shown as follows:

Documentation from the program director of an accredited residency training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor attesting to the training during residency in the requested procedure(s);

PLUS

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

MEDICAL/PEDIATRIC SUB SPECIALTIES REQUIRING ANESTHESIA

Procedures Requiring Additional Training

- ☐ Gastroscopy
- ☐ Colonoscopy
- ☐ Bronchoscopy (**excluding with laser**) with biopsy
- ☐ Transbronchial Biopsy

Documentation of additional training specified below must be provided for each of the following procedures, if privileges are requested for these procedures:

For the following requested procedures:

- . Gastroscopy
- . Colonoscopy

additional training must be shown through:

Documentation from the program director of successful completion of a gastroenterology subspecialty training program accredited by ACGME/AOA or another accreditation entity that is demonstrated by the applicant to have standards of comparable rigor.

For the following requested procedures:

- . Bronchoscopy (**excluding with laser**) with biopsy
- . Transbronchial Biopsy

additional training for the above procedures must be shown through:

Documentation from the program director of successful completion of a pulmonary subspecialty training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor.

PLUS (for each of the procedures above)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

OBSTETRICS AND GYNECOLOGY

Procedures Requiring Additional Training

- ☐ Oocyte Retrieval with anesthesia services
- ☐ Embryo Transfer with anesthesia services

Documentation of additional training specified below must be provided for each of the following procedures, if privileges are requested for these procedures:

For the following requested procedure

- ☐ Oocyte Retrieval with anesthesia services

additional training must be shown through:

Documentary evidence of successful completion of an ACGME/AOA accredited reproductive endocrinology fellowship or equivalent training that is demonstrated by the applicant to have standards of comparable rigor in the **requested** procedure.

For the following requested procedure

- ☐ Embryo Transfer with anesthesia services

additional training must be shown through

- (1) Documentation of successful completion of an ACGME/AOA accredited reproductive endocrinology fellowship or equivalent training that is demonstrated by the applicant to have standards of comparable rigor in the **requested** procedure; **OR**
- (2) Documentation from the program director of a residency training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to the training during residency in the **requested** procedure(s)

PLUS (in addition to 1 or 2 above, for each requested procedure)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

OPHTHALMOLOGY

Procedures Requiring Additional Training

- ☐ glaucoma surgery
- ☐ retinal surgery [including for retinal detachment]
- ☐ lacrimal sac surgery

Documentation of additional training specified below must be provided for each of the following procedures, if privileges are requested for these procedures:

- . glaucoma surgery
- . retinal surgery [including for retinal detachment]
- . lacrimal sac surgery

For each of the above procedures, additional training must be shown through

- (1) Documentation of successful completion of a specific ACGME/AOA accredited fellowship or equivalent training that is demonstrated by the applicant to have standards of comparable rigor in the **requested** procedure(s); **OR**
- (2) Documentation from the program director of a residency training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to the training during residency in the **requested** procedure(s)

PLUS (in addition to 1 or 2 above, for each requested procedure)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

ORTHOPEDICS

Procedures Requiring Additional Training

- ☐ Surgery of the hand
- ☐ Surgery of the foot
- ☐ Arthroscopic surgery of the wrist
- ☐ Ankle arthroscopy
- ☐ Adult ankle and foot reconstruction

Documentation of additional training specified below must be provided for each of the following procedures, if privileges are requested for these procedures:

For the following requested procedure(s),

- . Surgery of the hand
- . Surgery of the foot
- . Arthroscopic surgery of the wrist
- . Ankle arthroscopy
- . Adult ankle and foot reconstruction

additional training must be shown through

- (1) Documentation of successful completion of a specific fellowship in the **requested** procedure(s); **OR**
- (2) Documentation from the program director of a residency training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to the training during residency in the **requested** procedure(s);

PLUS (in addition to 1 or 2 above, for each requested procedure)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

OTOLARYNGOLOGY-HEAD & NECK / FACIAL PLASTIC SURGERY

Procedure Requiring Additional Training

- ☐ Liposuction of the head and neck

Documentation of additional training specified below must be provided for the following procedure, if privileges are requested for the procedure:

For the following procedure

- . Liposuction of the head and neck

additional training must be shown through

- (1) documentation from the program director in the otolaryngology-head & neck and facial plastic surgical specialty training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to successful completion of training during residency in the liposuction procedure(s); **OR**
- (2) documentation of completion of a liposuction training course that is sponsored by an Accreditation Council for Continuing Medical Education (ACCME) or AOA accredited provider of Category I CME, including Category I providers accredited by their state medical societies through ACCME's state recognition program, and which provides at least three (3) hours of training in a bioskills cadaver laboratory and which also meets the criteria for a minimum of eight (8) hours of Category 1 credit towards the Physician's Recognition Award of the American Medical Association or has been approved by the American Osteopathic Association for a minimum of eight (8) credit hours of Category 1 continuing medical education ("CME").

PLUS (in addition to 1 or 2 above)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

PLASTIC AND RECONSTRUCTIVE SURGERY

Procedures Requiring Additional Training

- ☐ Surgery of the hand
- ☐ Liposuction

Documentation of additional training specified below must be provided for each of the following procedures, if privileges are requested for these procedures.

For the following procedure:

. Surgery of the hand

additional training must be shown through

- (1) Documentation of successful completion of a specific fellowship in the **requested** procedure(s); **OR**
- (2) Documentation from the program director of a residency training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to the training during residency in the **requested** procedure(s);

PLUS (in addition to 1 or 2 above)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).

For the following procedure:

. Liposuction

additional training must be shown through

- (1) documentation from the program director in the plastic and reconstructive surgical specialty training program accredited by ACGME/AOA or other accreditation entity that is demonstrated by the applicant to have standards of comparable rigor, attesting to successful completion of training during residency in the liposuction procedure(s); **OR**
- (2) documentation of completion of a liposuction training course that is sponsored by an Accreditation Council for Continuing Medical Education (ACCME) or AOA accredited provider of Category I CME, including Category I providers accredited by their state medical societies through ACCME's state recognition program, and which provides at least three (3) hours of training in a bioskills cadaver laboratory

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and which also meets the criteria for a minimum of eight (8) hours of Category 1 credit towards the Physician's Recognition Award of the American Medical Association or has been approved by the American Osteopathic Association for a minimum of eight (8) credit hours of Category 1 continuing medical education ("CME").

PLUS (in addition to 1 or 2 above)

Documentation from a privileged physician who has directly observed the applicant, attesting to the applicant's successful performance or participation in the **requested** procedure(s).